



ኒያላ ኢንሹራንስ አ.ማ

Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: ROZA Father's Name: DERESE G. Father's Name: LAKEM

Date of Birth: 28 DEC 07 Place of Birth: KENKOLA Passport Number: EP6665019 Gender: F

Address: - Region: OROMIA City: WABE Sub City: ADAMA Woreda: BULO Kebele: H. No.:

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number:

Contact Person in case of Emergency: Name YONAS DERESG Telephone: 0986217038

2. Particulars of The Travel

Agency Name: ALKABA Agency Contact Name: Telephone:

Destination Country: U.A.E Departure (Effective) Date:

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	<u>YONAS DERESG</u>	<u>BROTHER</u>	<u> </u>	<u>100%</u>
ii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
iv.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
v.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vi.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
vii.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Roza derese Signature:  Date: 10/07/25